



STATEMENT FROM LANDLORD/MANAGER

LOCAL OFFICE

TELEPHONE NUMBER

ACES CLIENT IDENTIFICATION NUMBER

DATE

PROPERTY OWNER OR AUTHORIZED MANAGER:
Complete all sections below with only the information
you know to be true. Write "unknown" to questions you
cannot answer. (Do not leave any box blank.)

The Department of Social and Health Services is in the
process of determining this client's eligibility. Please provide
the information requested below.

FINANCIAL SERVICES SPECIALIST'S SIGNATURE

A. Rental or leased unit and tenant information:

1. STREET ADDRESS		APARTMENT (APT) NUMBER		5. NAMES OF ALL ADULTS AND CHILDREN LIVING AT THIS ADDRESS	
CITY		STATE		ZIP CODE	
2. TENANT'S NAME					
3. DATE MOVED IN		4. TYPE OF RESIDENCE		Attach more pages if needed.	

B. Rent information:

6. NAME OF PERSON(S) PAYING THE RENT		7. CURRENT RENT AMOUNT \$	8. DATE THIS AMOUNT STARTED \$	9. DO THEY PAY BY CHECK? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. ANSWER THESE QUESTIONS BY CHECKING:				
Does the tenant pay only a portion of the rent? <input type="checkbox"/> YES <input type="checkbox"/> NO How much: \$ _____				
Is this subsidized housing? <input type="checkbox"/> YES <input type="checkbox"/> NO What agency: _____ How much: \$ _____				
Is someone else paying part or all of the rent? <input type="checkbox"/> YES <input type="checkbox"/> NO What agency: _____ How much: \$ _____				
Does the tenant work for a portion of the rent? <input type="checkbox"/> YES <input type="checkbox"/> NO How much: \$ _____				

C. Utilities information: Mark the box(es) that apply.

11. The main source of heating for this residence is: <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other (specify): _____		14. Are all utilities included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, mark the box(es) the tenant pays for: <input type="checkbox"/> Electric <input type="checkbox"/> Water/sewer <input type="checkbox"/> Gas <input type="checkbox"/> Telephone <input type="checkbox"/> Propane <input type="checkbox"/> Garbage <input type="checkbox"/> Wood <input type="checkbox"/> Other (specify): _____	
12. Is there a separate meter for gas and electric? <input type="checkbox"/> YES <input type="checkbox"/> NO			
13. does the tenant pay for air conditioning? <input type="checkbox"/> YES <input type="checkbox"/> NO			

15. LANDLORD/MANAGER'S NAME		16. Property Owner's Name (If different from Landlord/Manager)	
STREET ADDRESS OR PO BOX NUMBER		OWNER'S NAME	
CITY		STREET ADDRESS OR PO BOX NUMBER	
STATE			
ZIP CODE			
WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER	CITY	STATE
		ZIP CODE	
LANDLORD/MANAGER SIGNATURE		WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
DATE			